

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms. MANJU SINGH Visit No : CHA250033456

 Age/Gender
 : 43 Y 0 M 0 D /F
 Registration ON
 : 24/Feb/2025 05:05PM

 Lab No
 : 10130752
 Sample Collected ON
 : 24/Feb/2025 05:05PM

Referred By : Dr.L Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 25/Feb/2025 07:38PM

CT CORONARY ANGIOGRAPHY

Compromised assessment due to respiratory motion artifacts (inadequate breath hold)

CALCIUM SCORE:

VESSEL	LMCA	LAD	LCX	RCA	TOTAL
AGATSTON SCORE	0	0	0	0	0

Aorta: shows tricuspid aortic valve with fibro-fatty plaques in visualized part and valvular calcification.

Left main coronary artery shows origin from left posterior aortic sinus with trifurcation into left anterior descending artery, left circumflex artery and ramus intermedius. No obvious calcified / non-calcified plaques are seen in left main coronary artery; however, optimal assessment is limited by respiratory motion artifacts.

<u>Left anterior descending artery</u> shows no obvious calcified / non-calcified plaque; however, optimal assessment is limited by respiratory motion artifacts. Distal opacification appears maintained.

Ramus Intermedius shows no obvious calcified / non-calcified plaque.

Left circumflex artery shows no obvious calcified / non-calcified plaque; however, optimal assessment is limited by respiratory motion artifacts. Distal opacification appears maintained.

<u>Right coronary artery</u> shows origin from anterior aortic sinus. No obvious calcified / non-calcified plaques are seen in right coronary artery; however, optimal assessment is limited by respiratory motion artifacts. Distal opacification appears maintained.

Dominant circulation: Right sided / Co-dominant.

Pulmonary trunk is prominent, measuring approx 32.5 mm in caliber.

Bilateral minimal to mild pleural effusion is seen.

There is thickening and calcification of mitral valve.

Mild cardiomegaly is seen with dilatation of left atrium. (Suggested: 2D-Echo correlation).

IMPRESSION: - CORONARY ANGIOGRAM SHOWS -

- RIGHT DOMINANT/CO-DOMINANT CIRCULATION.
- NO OBVIOUS CALCIFIED OR SOFT PLAQUE IN CORONARY ARTERIES. (CAD-RADS N)



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Clinical correlation is necessary.

[DR. JAYENDRA K. ARYA, MD]

Transcribed By: Kamran



